

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Dr		2-1-00
ORIP/CLASSIFIER		15	2-16-00
FORMALITY REVIEW	Jh	68746	4-3-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	2/1/00
2	2/1/00
3	2/1/00
4	2/1/00
5	2/1/00
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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